Rec'd PCT/PTO 04 OCT 2004

PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

Effective October 1, 2003								10/509946					
CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE OF SMALL ENTITY													
TO	OTAL CLAIMS		8					RATE	FEE	٦ ٠٠٠	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	 	OR	BASIC FEE	ļ	
TOTAL CHARGEABLE CLAIMS			9 minus 20=		*			VS 6	1	1	 	130	
INDEPENDENT CLAIMS			minus 3 =		•			XS 9=	 	OR	XS18=		
<u> </u>		NDENT CLAIM P	<u>ا ـــــا</u>					44	<u> </u>	OR	88		
Ļ		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			¥		150	•	OR	<i>3</i> CD	300	
* If	the difference	e in column 1 is	less than zero, enter "0" in			olumn 2	,	TOTAL	1	OR	TOTAL	1250	
CLAIMS AS AMENDED - PART II								OTHER THAN					
_		(Column 1)	7	nn 2) EST	(Column 3)	. ,	SMALL		OR	SMALL	ENTITY		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=				OR			
	Independent	•	Minus	***		=	İ	· · · · · · · · ·		OR			
`	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								 				
							l		ļ	OR	TOTAL		
							,	TOTAL ADDIT. FEE		OR,	TOTAL ADDIT. FEE	·	
		(Column 1)	·	Colum HIĞHE		(Column 3)	1 -		,				
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	IER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	** '		=				OR	. •		
	Independent	•	Minus	***		=				OR			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						 -						
							Ŀ	TO TAL		OR.			
						•	. ,	TOTAL DDIT. FEE		OR ·	TOTAL ADDIT. FEE	<u></u>	
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOI PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		= .							
	Independent	•	Minus	***		. =	-			OR			
^	FIRST PRESENTATION OF MULTIPLE DEPENDENT.				CLAIM		-	<u> </u>		OR			
		•		_				,		OR	.:		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20. **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
1	i me Highest Nur The Highest Num	mber Previously Pa ber Previously Paid	io For" IN THIS I For" (Total or	S SPACE is Independer	less thar nt) is the	n 3, enter "3." highest number			ropriate box				